DOCUMENT RESUME

ED 383 137 EC 303 960

AUTHOR Lillie, Timothy
TITLE Stress, Coping, and the Family: Comparing Fathers and Mothers of Children with Disabilities.
PUB DATE 16 Nov 94
NOTE 17p.; Paper presented at the Statewide Special Education Conference (Pierre, SD, November 16, 1994).
PUB TYPE Speeches/Conference Papers (150) -- Information Analyses (070)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Adjustment (to Environment); *Child Rearing; Children; Coping; *Disabilities; *Emotional Adjustment; Family Problems; *Father Attitudes; *Fathers; Mother Attitudes; Mothers; Sex Differences; Stress Management; Stress Variables
IDENTIFIERS *ABC X Model (Hill)

ABSTRACT

This literature review compares the adjustment of mothers and fathers to the stress resulting from having a child with a disability. The ABCX model developed by Hill was selected for the analysis due to its emphasis on the response to stress in general of both the family as a whole and of individual family members. The model distinguishes between adjustment (reactions to routine transitions) and adaptation (reactions to crisis situations). The model identifies five family types: balanced, regenerative, resilient, rhythmic, and traditionalistic. A chart compares findings of seven studies on differences between mothers and fathers on a variety of issues. Results suggest that fathers and mothers react differently to stress and, therefore, may need to be viewed differently by educators. Two figures illustrate the adjustment and adaptation phases. (Contains 15 references.) (DB)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
☑ This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

ED 383 137

Stress, coping, and the family: Comparing fathers and mothers of children with disabilities

by

Timothy Lillie, PhD

Assistant Professor, Dept. of Curriculum & Instruction

The University of South Dakota

Vermillion SD 57069

Phone: (605) 677-5825

Paper presented to the 1994 Statewide Special Education Conference, sponsored by the Office of Special Education, State of South Dakota, Pierre, SD, November 16, 1994

Running head: STRESS AND COPING

EC 303960

PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY
Timothy Lillie

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC).

BEST COPY AVAILABLE

Traditional sources of information about parents of children with disabilities emphasize negative aspects of having a child with a disabling condition and have, in the past, attributed child outcomes to family pathology. That is, some have said that because the families are different from the so-called nuclear family, such families "cause" the disability of their family member with a disability. The most extreme case of this point of view was represented some years ago by the notion that autism was caused by so-called "refrigerator mothers" (Peterson, 1987). Other authors and authorities have proposed the notion that parents of children with disabilities go through a well defined and specific-to-them "grief cycle" characterized by a sort of "chronic sorrow" because of the continuing nature of the disabilities of their child (Turnbull & Turnbull, 1990).

However, more recent research based on the ABCX model of Hill (see McCubbin & McCubbin, 1987), while not invalidating grief models or ignoring the role of chronic sorrow in the lives of people with disabilities and their families, has explored more deeply the entire notion of stress in families, with particular, though not exclusive, attention to families of children with disabilities. I find this model useful because, unlike others, it does not necessarily assume pathology in the family. In other words, families are not automatically dysfunctional, nor are they necessarily in need of special assistance, only because they may contain a member with a disability. Instead, families are seen as

routinely experiencing stress, no matter their makeup. In this model, what is important is to understand how stress and support work in the lives of families and individuals and how to handle such stress. Incidentally, though I will refer throughout to the T-Double ABCX model, this model has been renamed by its authors and is now being referred to under the term: Family Adjustment and Adaptation Response (Patterson & Garwick, 1994). To oversimplify, the model is about how families search for and work through what major stressful events mean in their lives. Some major variables in such a search are cultural differences, the social construction of disability, and whether families are empowered to construct their own situational meaning of events. In addition, in the search for meaning we can distinguish between "family meaning" of an event as that held by the whole family (what Webb-Mitchell, 1993, calls the "family story") as distinct from the understanding held by different family members. For example, it is possible for some family members to attribute their difficulties to the will of God, while others in the same family may not share that belief. Nevertheless, in the interest of family unity, a "family meaning" of an event, attributing it to God's will, may become the public story of the entire family.

The T-Double ABCX Model

There are two phases to this model: Adjustment and Adaptation. These correspond to routine transitions (adjustment) and crisis situations (adaptation). Figure 1 is the Adjustment

phase and Figure 2 shows a schematic of the Adaptation phase. These are simplified versions of the complete models.

The family types identified (Balanced, Regenerative, Resilient, Rhythmic, Traditionalistic) may be understood as ways in which families construct meanings as a family, and also ways in which families respond to normative stressors (or crisis situations). For example, Traditionalistic families may rely, when interpreting the magnitude of an event, on the assessment of authority figures rather than on their own views, while Regenerative families, which often are hardier than others, may view the same or similar problem differently. These are positive family types, each of which may bring something helpful to resolving the situation the family faces. In today's presentation the specific family types mentioned are only examples. Many other "types" of families are possible, such as 'disorganized' or 'resourceful'. The important point for today is not that a particular family type is named, but that family typology can affect how stress and support are perceived.

The transition points (the X or XX) may lead the family into exhaustion, into crisis, or into an adaptation or adjustment that runs from bonadaptation or bonadjustment to maladaptation or maladjustment. Bonadaptation or bonadjustment means that the family has made a good adjustment or adaptation while maladaptation or maladjustment means the opposite. In this model, the outcome or resolution is not always good: sometimes a family can go through

the process and not do well. See McCubbin & Patterson (1987) for further information on these models.

As can be seen by viewing the figures, there are an almost infinite possible number of outcomes associated with a particular event, dependent on the characteristics and resources of each family. This is as it should be, since we wish to avoid situations in which families are stereotyped or characterized based on limited information (for example, families may be different from any of the typologies, though it is true that most will not.) On the other hand, we can also appreciate studies that try to bring some order out of this potential chaos. For example, elements of family strengths, such as those below are important to recognize since they may contribute to good family outcome:

1. Ability to deal with crisis in positive manner
2. Spending time together
3. Love
4. Appreciation and commitment
5. Respect for individuality
6. Good communication patterns, and,
7. High degree of religious orientation (McCubbin & McCubbin, 1987).

How moms and dads cope

With these models in mind, and with an understanding that this research is meant not to be the end of the story but its beginning, I now will move on to a discussion of how fathers and mothers of children with disabilities may differ in how they are affected by stress. Though not all of these authors

Study	Men/Fathers	Issue	Women/Mothers
Nadler, Lewinstein, & Rahav, 1991	Fathers cope by "instrumental behaviors" -- that is by actively seeking out help. That is, these (Israeli) fathers, who are 'doers' seek out others who also are 'doers'.	Question: Is the disability central to the family self-concept? (That is, to what extent does it matter that the child has a disability?)	Mothers who cope well with their child are unlikely to seek outside help -- their egos may be involved here, since child care is normally a mother's responsibility, still.
Frey, Greenberg, & Fewell, 1989	Better outcome for fathers on these variables associated with high personal control: low control associated with high psychological distress.	Variables: Parent Stress, Family Adjustment, & Psychological Distress (created variables). Mothers may be, then, more "stressed out" than fathers.	Low control is associated, for mothers, with parenting stress and with psychological distress. (Dads: not parenting stress).
Krauss, 1993	Fathers: 1. Premature child 2. Less belief in control over child's development. 3. Greater belief professional control. 4. Less adaptive and cohesive family 5. Less education.	Stress scale with subscales. Parents are not different on overall scores, but on subscores. Teachers need to be aware that what causes stress for mom may not be the same as that for dad. (Variables are those that predict parenting stress).	Mothers: 1. Premature child 2. Less belief in control over child's development. 3. Greater belief in professional control. 4. Less helpfulness from mother's social support network.
Rousey, Best, & Blacher, 1992		These authors indicate that there are no differences worth mentioning on the QRS-F.	

Houser & Seligman, 1992	Fathers of adolescents with disabilities and those of children without don't differ on stress levels, but fathers of adolescents with disabilities are likely to use different coping skills: 1. Distancing (detaching from stressful situation) 2. Escape-avoidance (wishful thinking) 3. Positive appraisal (find the silver lining)		
Lillie, 1991	Fathers report less stress but also less support.	Are stress, support and time use related?	Mothers report more stress and more support than fathers. No statistically significant differences.

Stinson, Lasker, Lohmann, & Toedter, 1992	1. Men tend to deny grief 2. Men internalize feelings of loss 3. Men get little support even when they ask for it (indirectly) because the request may go unrecognized. 4. Men's grief scores tend to stay the same (things seem never to get better). 5. Loneliness and isolation is associated with 'being macho.'	Comparison on grief following pregnancy loss: this may be comparable to loss of "perfect child" discussed in SPED.	1. Women tend to express grief 2. Women tend to express feelings of loss publicly 3. Over time, women's grief goes from high to low (may seem more intense), but things seem to get better.

specified the model of stress and coping I have presented to you, all are clearly influenced by family stress research that stresses interaction between variables and in which the importance is to identify and discuss stress and support, as opposed to models which would view the parents/families as in need of support simply because they have a child with a disabling condition. There is some evidence, incidentally, to indicate that what makes it possible for families to handle high stress is a high level of resources (Lillie, 1991; Frey, et al., 1989). Most professionals' first reactions, however, are not to increase resources but to reduce stress levels by active intervention. This may not be necessary.

What these results suggest is that it is not enough to view

parents as if they are a unified whole: the preponderance of research cited appears to support the idea that fathers and mothers react differently to stress and, therefore, may need to be viewed differently by teachers. At the least, use of this research may aid teachers in understanding where parents are coming from. For instance, a father who asks for more services for his child with a disability (when the mother appears happy with the status quo) may be behaving as fathers in the Nadler, et al. (1991) study did; he may not be challenging the teacher/schools, as might otherwise be believed.

Conclusions

In my own research on stress, support and time use, I have found some other differences between mothers and fathers, though not on stress and support issues, per se. I am continuing this research here in South Dakota (and in North Carolina) with a view toward increasing the data base, some of which was presented here.

Teachers, administrators, and others working with families with children with disabilities can improve their relationships with parents by developing ways of reacting to parents that speak to the parents' differences in coping with stress, rather than developing 'across-the-board' measures for dealing with parents. Fathers have been little-studied when compared with mothers (Lillie, 1993; May, 1992), but that is beginning to change. Public educators may better serve their students and families by taking advantage of the new research.

References

Frey, K.S., Greenberg, M.T., & Fewell, R.R. (1989). Stress and coping among parents of handicapped children: A multidimensional approach. American Journal on Mental Retardation, 94, 240-249.

Houser, R. & Seligman, M. (1991). A comparision of stress and coping by fathers of adolescents with mental retardation and fathers of adolescents without mental retardation. Research in Developmental Disabilities, 12, 251-260.

Krauss, M.W. (1993). Child-related and parenting stress: Similarities and differences between mothers and fathers of children with disabilities. American Journal on Mental Retardation. 97, 393-404.

Lillie, T. (1993). A harder thing than triumph: roles of fathers of children with disabilities. Mental Retardation, 31, 438-443.

Lillie, T. (1991). Perceptions of time use by fathers and mothers of children with disabilities, Unpublished doctoral dissertation, University of North Carolina at Chapel Hill, Chapel Hill, NC.

May, J. (1991). Fathers of children with special needs: New horizons. Association for the Care of Children's Health: Bethesda, MD.

McCubbin, M.A. & McCubbin, H.I. (1987). Family stress theory and assessment: The T-Double ABCX model of family adjustment and

adaptation. In H.I. McCubbin & A.I. Thompson (Eds.), Family assessment inventories for research and practice. (p. 1-25). University of Wisconsin-Madison: Author.

McCubbin, H. I. & Thompson, A.I. (Eds.), Family assessment inventories for research and practice. University of Wisconsin-Madison: Author.

Nadler, A., Lewinstein, E., & Rahav, G. (1991). Acceptance of mental retardation and help-seekig by mothers and fathers of children with mental retardation. Mental Retardation, 29, 17-23.

Patterson, J.M. & Garwick, A.W. (1994). Levels of meaning in family stress theory. Family Process, 33, 287-304.

Peterson, N. (1987). Early intervention for handicapped and at-risk children: An introduction to early childhood-special education. Denver: Love Publishing Co.

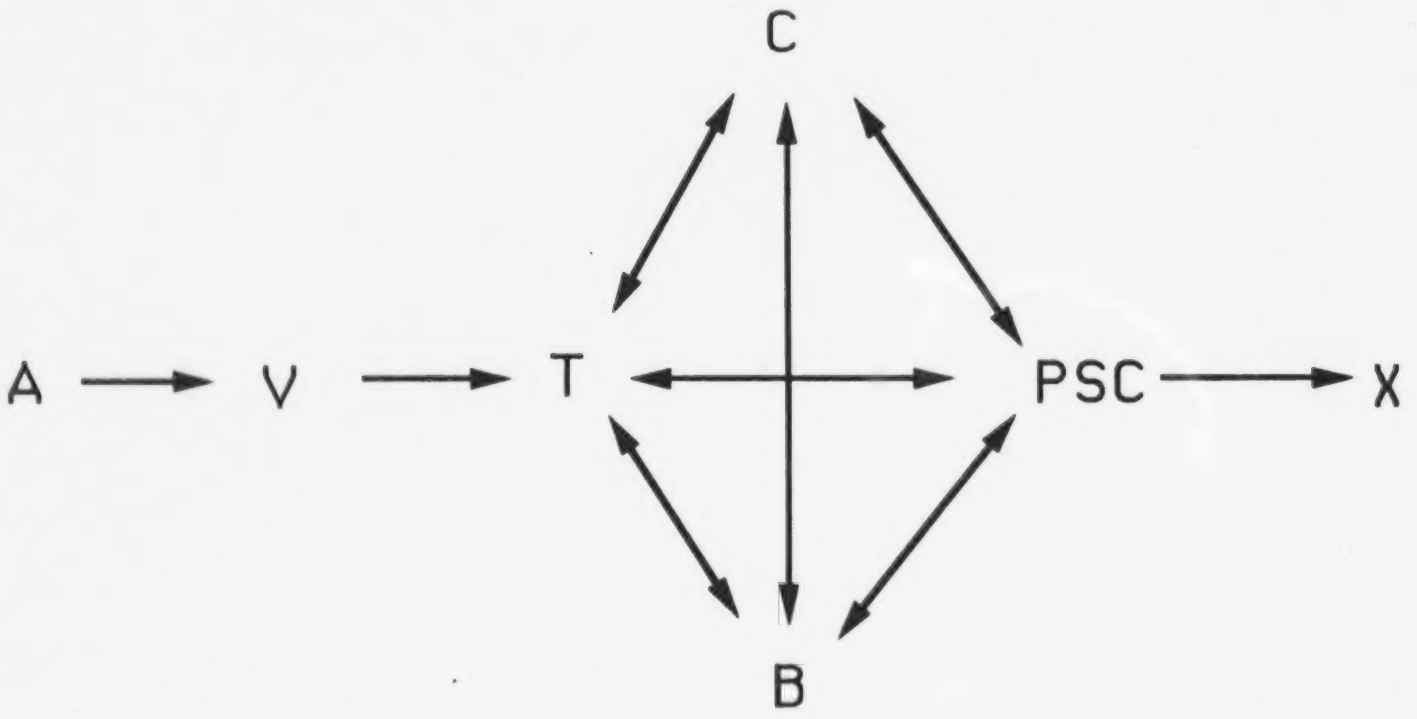
Rousey, A., Best, S., & Blacher, J. (1992). Mothers' and fathers' perceptions of stress and coping with children who have severe disabilities. American Journal on Mental Retardation, 97, 99-109.

Stinson, K.M., Lasker, J.N., Lohmann, J., & Toedter, L.J. (1992). Parents' grief following pregnancy loss: A comparison of mothers and fathers. Family Relations, 41, 218-223.

Turnbull, A.P. & Turnbull, H.R., III. (1990). Families, professionals, and exceptionality: A special partnership. Columbus: Merrill Publishing Co.

Webb-Mitchell, B. (1993). Hope in despair: The importance of religious stories for families with children with disabilities. In J. Paul & R. Simeonsson, (Eds.), Children with special needs: Family culture and society. (2nd ed.). (p. 97-110). Fort Worth: Harcourt Brace Jovanovich College Publishers.

Adjustment Phase: T-Double ABCX Model

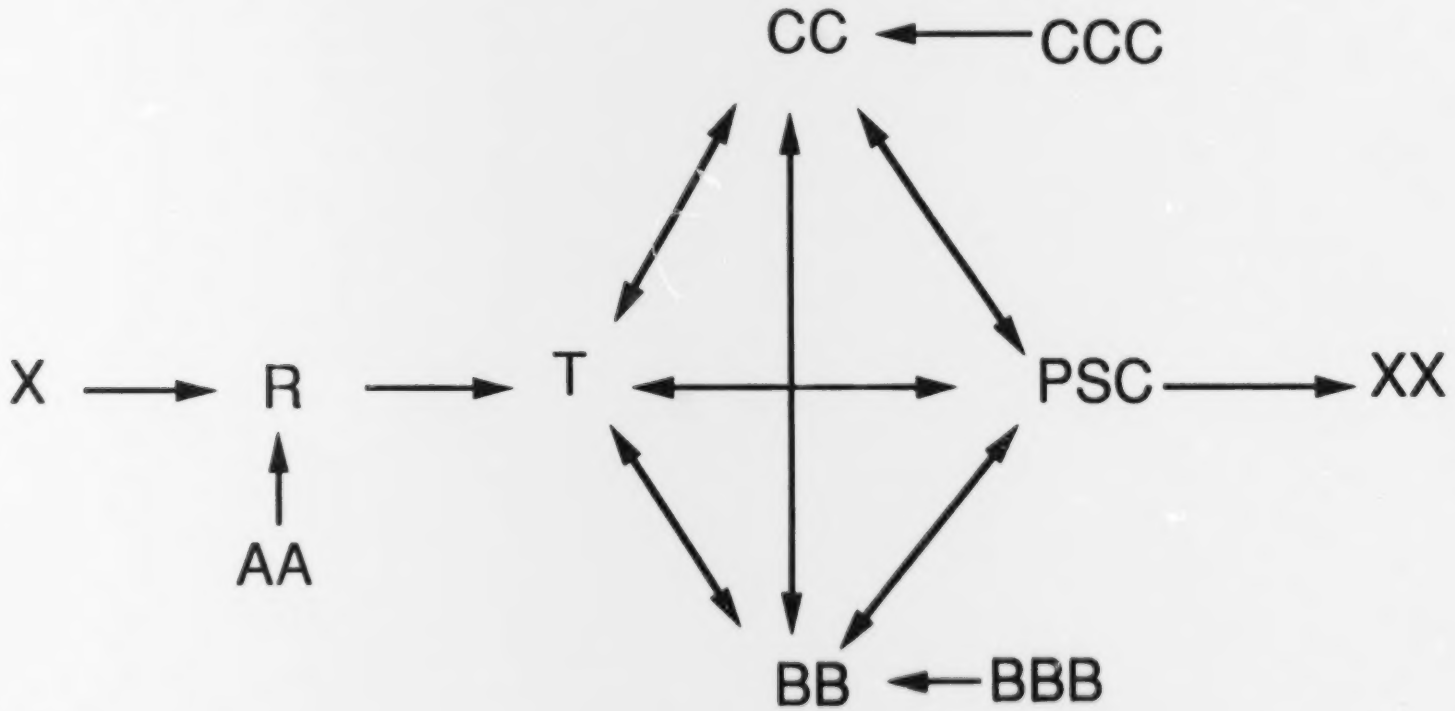


A: Demands/stressor
V: Vulnerability and pileup
T: Family typology
- Balanced
- Regenerative
- Resilient
- Rhythmic
- Traditionalistic

B: Capabilities and Strengths
C: Focus on Stressor--family definition
PSC: Problem solving and coping -- by family
X: Family demand for change

Figure 1: Adjustment Phase

Adaptation Phase of T-Double ABCX Model



AA: Pileup of demands
R: Family level of regenerativity
T: Family typology
- Balanced
- Regenerative
- Resilient
- Rhythmic
- Traditionalistic

BB: Family Strengths
BBB: Suppo rt from friends and community
CC: Family appraisal of situation
CCC: Family schema or worldview
PSC: Family problem solving and coping
XX: Family coping and/or transition back into a crisis situation

Figure 2: Adaptation Phase